

2182

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Dila State Index No. 311
District of Miami ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 736
Town of Miami Local Registrar's No. _____
or _____
City of _____ (No. 3017 Loomis Ave. St. _____ Ward _____)

FULL NAME OF CHILD Maria Jesusa Ganna { Born } YES
If child is not named, make Supplemental report on blank obtainable from local registrar. { Alive } ~~NO~~

Sex of Child <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>yr</u>	Date of Birth <u>July 24</u> 19 <u>20</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Pedro Ganna</u>			Full Maiden Name <u>Elena Miraval</u>		
Residence <u>Miami</u>			Residence <u>Miami</u>		
Color or Race <u>Mexican</u>	Age at last Birthday <u>32</u> (Years)	Color or Race <u>Mexican</u> Age at last Birthday <u>24</u> (Years)			
Birthplace <u>Mexico</u>			Birthplace <u>Mexico</u>		
Occupation <u>Skinner in Copper Smelter</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>4</u>	Number of Children, of this mother, now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on July 24 1920, at 7:45^{A.} M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) J. J. McLaughlin
(Attending physician, midwife, householder. *)

Given or Christian name added from a _____

Supplemental report _____ 191 _____

471-724-543

COUNTY REGISTRAR.

Filed 7/26/20 1920Filed 7-28 1920

A True Copy

Address Miami, Ariz

LOCAL REGISTRAR.

COUNTY REGISTRAR.